

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3>		<p style="text-align: center;"><b>Complete if Known</b></p> <table border="1"> <tr> <td>Application Number</td> <td>10/669,593-Conf. #1320</td> </tr> <tr> <td>Filing Date</td> <td>September 25, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Kazuo SHIOTA</td> </tr> <tr> <td>Examiner Name</td> <td>J. C. Wang</td> </tr> <tr> <td>Art Unit</td> <td>2628</td> </tr> <tr> <td>Attorney Docket No.</td> <td>2091-0291P</td> </tr> </table>		Application Number	10/669,593-Conf. #1320	Filing Date	September 25, 2003	First Named Inventor	Kazuo SHIOTA	Examiner Name	J. C. Wang	Art Unit	2628	Attorney Docket No.	2091-0291P
Application Number	10/669,593-Conf. #1320														
Filing Date	September 25, 2003														
First Named Inventor	Kazuo SHIOTA														
Examiner Name	J. C. Wang														
Art Unit	2628														
Attorney Docket No.	2091-0291P														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$)	1,860.00													

<p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input type="checkbox"/> Check                    <input type="checkbox"/> Credit Card                    <input type="checkbox"/> Money Order                    <input type="checkbox"/> None                    <input type="checkbox"/> Other (please identify): _____             </p>	
<p> <input checked="" type="checkbox"/> Deposit Account                    Deposit Account Number: <u>02-2448</u>                    Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u> </p>	
<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below                    <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee             </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                    <input checked="" type="checkbox"/> Credit any overpayments             </p>	

<p><b>FEE CALCULATION</b></p>									
<p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p>									
	<p style="text-align: center;"><b>FILING FEES</b></p>		<p style="text-align: center;"><b>SEARCH FEES</b></p>		<p style="text-align: center;"><b>EXAMINATION FEES</b></p>				
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>			<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105			_____
Design	210	105	100	50	130	65			_____
Plant	210	105	310	155	160	80			_____
Reissue	310	155	510	255	620	310			_____
Provisional	210	105	0	0	0	0			_____
									<u>Small Entity</u>
									<u>Fee (\$)</u> <u>Fee (\$)</u>
<p><b>2. EXCESS CLAIM FEES</b></p> <p><u>Fee Description</u></p> <p>Each claim over 20 (including Reissues) _____</p> <p>Each independent claim over 3 (including Reissues) _____</p> <p>Multiple dependent claims _____</p>									<p>50    25</p> <p>210    105</p> <p>370    185</p>
<p> <u>Total Claims</u>    <u>Extra Claims</u>    <u>Fee (\$)</u>    <u>Fee Paid (\$)</u> </p> <p>25    - 25 = _____ x _____ = _____</p> <p>HP = highest number of total claims paid for, if greater than 20.</p>									<p> <u>Multiple Dependent Claims</u> </p> <p><u>Fee (\$)</u>    <u>Fee Paid (\$)</u></p>
<p> <u>Indep. Claims</u>    <u>Extra Claims</u>    <u>Fee (\$)</u>    <u>Fee Paid (\$)</u> </p> <p>4    - 4 = _____ x _____ = _____</p> <p>HP = highest number of independent claims paid for, if greater than 3.</p>									
<p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>									
<p> <u>Total Sheets</u>    <u>Extra Sheets</u>    <u>Number of each additional 50 or fraction thereof</u>    <u>Fee (\$)</u>    <u>Fees Paid (\$)</u> </p> <p>_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____</p>									
<p><b>4. OTHER FEE(S)</b></p> <p>Non-English Specification, \$130 fee (no small entity discount)</p> <p>Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00</p> <p>1253 Extension for response within third month 1,050.00</p>									

<p><b>SUBMITTED BY</b></p>			
Signature	<u>[Signature]</u>	Registration No. (Attorney/Agent)	39,491
Name (Print/Type)	Michael R. Camperola	Telephone	(703) 205-8000
		Date	January 16, 2008